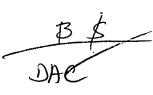
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

•	maintenance fee notifications.  CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
	513 7590 11/16/2009 WENDEROTH, LIND & PONACK, L.L.! 1030 15th Street, N.W., Suite 400 East		CK, L.L.P.	OPA	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope			
	Washington, DC 20005-1503		PATENTS	6				
2/18/2	2010 CCHAU2 00000002 10558846		(F)	\$ 15th/		(Signature)		
1 FC:1: 2 FC:1:	501 1510.00 OP		`	RADEMARK OFFI		· (Date)		
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2	10/558,846 11/30/2005 TITLE OF INVENTION: CONDENSED RING O		COMPOUND	Tsuneo Yasuma  4POUND		2007_0365	1184	
ſ	APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISSU	TE FEE TOTAL FEE(S) DUE	E DATE DUE	
[	nonprovisional	NO	\$1510	\$300	\$0	\$1810	02/16/2010	
	EXAMINER		ART UNIT	CLASS-SUBCLASS				
	CHANDRAKUMAR, NIZAL S		1625	549-407000				
<u>-</u> 3	Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)				
	PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
	TAKEDA PHARMACEUTICAL COMPANY LIMITED OSAKA, JAPAN							
	Please check the appropriate assignee category or categories (will not be printed on the patent):							
-				#b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				
	5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
<u>ii</u>	NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.							
	Authorized Signature	/mlu /	Jew Treme	TU)	Date Fe	bruary 16, 2010	•	
	Typed or printed nam	ne <u>Andrew B. I</u>	reistein		Registration I	No. <u>52,917</u>		
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